



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/473,667	<b>FILING DATE</b> 12/29/1999 <b>RULE</b> -	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2742	<b>ATTORNEY DOCKET NO.</b> 192601540BS9	
<b>APPLICANTS</b> ERIC RHODES QUINN, ALPHARETTA, GA ; CYNTHIA RENNOLDS, SAN DIGO, CA ;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/06/2000</b> -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b>  BRENDA OZAKI HOLMES ESQ JONES & ASKEW LLP 2400 MONARCH TOWER 3424 PEACHTREE ROAD NE ATLANTA ,GA 30326					
<b>TITLE</b> INTEGRATED TONE-BASED AND VOICE-BASED TELEPHONE USER INTERFACE					
<b>FILING FEE RECEIVED</b> 976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1291

<b>SERIAL NUMBER</b> 09/473,667	<b>FILING DATE</b> 12/29/1999 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2742 2645	<b>ATTORNEY DOCKET NO.</b> 192601540BS9
<b>APPLICANTS</b> ERIC RHODES QUINN, ALPHARETTA, GA; CYNTHIA RENNOLDS, SAN DIGO, CA;				
<b>** CONTINUING DATA *****</b> NONE O.N.				
<b>** FOREIGN APPLICATIONS *****</b> NONE O.N.				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/06/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>01 Allowance</u> Acknowledged <u>129</u> Examiner's Signature <u>Avsh</u> Initials <u>OA</u>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 41
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 23370				
<b>TITLE</b> INTEGRATED TONE-BASED AND VOICE-BASED TELEPHONE USER INTERFACE				
<b>FILING FEE RECEIVED</b> 976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	